

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH



9192

-62-036904

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED SEP 28 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St Louis

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

OR

TOWN

St Louis

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mo Baptist Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

2623 Minnesota Ave

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Mary

Middle

M

Last

Wotawa

4. DATE

Month

Day

Year

OF

DEATH

Sept

21

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

8/10/16

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housework

11. BIRTHPLACE (City and state or country)

St Louis Missouri

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

John Grbac

13b. MOTHER'S MAIDEN NAME

Mary Wilimek

14. NAME OF HUSBAND OR WIFE

George

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

George Wotawa 2623 Minnesota Ave

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Inam Negative Bacterial Septicemia

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pyelitis right Acute Rt.

DUE TO (c)

Obst. Rt. Uterine Due to Cervix

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

171X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/19/62 to 9/24/62 and last saw her alive on 9-21-62

Death occurred at 5:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

453 W. Taylor St.

22c. DATE SIGNED

9/24/62

23b. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/25/62

23c. NAME OF CEMETERY OR CREMATORY

S S Peter & Paul Cem

23d. LOCATION (City, town, or county)

St Louis Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Moydell Funeral Home 1926 Allen

25. RECEIVED BY LOCAL REG.

SEP 24 1962

26. REGISTRAR'S SIGNATURE

Ead Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

2 217

3

4 1

5 1

6

7 0

8 2

9

10

11

12 68-0

13

68

STATEMENT BY LICENSED EMBALMER

I-hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 49510

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.